State of Nevada

2000 I KIMAKI MID GENTERE I		
BAY SHAFFER	SENATE	2_
Candidate's Name(print)	Office	District (if applicable)
P.O. BOX 337200 No.	CTH LASVEGAS, 89031	702-647-8683
Mailing Address (include city and zip coa	le)	Telephone Number
REPORT NU	MBER 2 - DUE OCTOB	BER 31, 2000
Re	port Period Begins: August 24, 2000	

Report Period Ends: October 23, 2000	
CONTRIBUTIONS SUMMARY	
1. From Report Number 1, total amount of contributions in excess of \$100	8 108,444,04
2. From Report Number 1, total amount of contributions of \$100 or less	
3. Report Number 2, amount of contributions in excess of \$100	<u> 36,800.00</u>
4. Report Number 2, total amount of contributions of \$100 or less The KIND From Report Numbers 1 and 2, actual number of	100.00
contributions of \$100 or less	
5. Interest and income earned, if any, during this report period	22.95
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
(add lines 1 through 5)	# 145,807.49
EXPENSES SUMMARY	
7. From Report Number 1, total amount of expenses in excess of \$100	# 93,104.08
8. From Report Number 1, total amount of expenses of \$100 or less	<u> 3,388.71</u>
9. Report Number 2, total amount of expenses in excess of \$100	15,539.40
10. Report Number 2, total amount of expenses of \$100 or less	489.00
11. TOTAL AMOUNT OF ALL EXPENSES	78 R
(add lines 7 through 10)	\$ 112.50B.19

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

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I declare under penalty of perjury that the foregoing is true and correct.	30	
Executed on 10/31/00 Key Shaffu	<u> </u>	
Date Signature of Candidate		

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL201.002(rev. 04/00)

Total number of pages for this report ___